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ORIGINAL COMMUNICATIONS.

A Brief Notice of two Cases occurring in the Surgical Wards of the Pennsylvania Hospital.

By G. W. NORRIS, M. D., Surgeon. Reported by Alfred Stillé, M. D., late Resident Physician.

S. F. C., æt. twenty-one, was admitted into the Pennsylvania Hospital, Oct. 21st, 1839, having phagedenic ulcers of the prepuce and phimosis, of three days' standing. He was discharged, cured, on the 16th of the following month. Sometime during the subsequent winter he contracted a gonorrhœa, which, from neglect or improper treatment, remained uncured in the summer of 1840. At the commencement of the fall of that year he applied to one of those reckless triflers with human life, known as Thompsonian physicians, who gave him a mixture to be injected into the urethra. After using it the patient complained of intense heat and pain about the genitals, insufferable scalding of his urine, and there soon after appeared a tumour in the perineum, which increased in size until it reached that of a hen's egg, and caused the greatest difficulty, as well as severe pain in urinating. In this condition C. entered the hospital, Oct. 16th, 1840; when the tumour in the perineum was found to be an abscess, which, on being opened, discharged four or five ounces of pus, and left a fistulous opening passing into the urethra. The inflammation of this latter was still active; a purulent discharge escaped from it; the passage of urine through it created intense suffering, the less easily borne, because the bladder was unable to retain its contents more than a half an hour at a time. By means of emollient drinks, cataplasms, rest, and diet, these symptoms were in a good degree moderated; but the micturition persisted. Suddenly one day early in December, the patient was seized with a severe pain passing from the perineum, towards the left lumbar region, accompanied with a chill, and fever. Pressure over the left kidney, and along the course of its ureter, was painful, the abdomen became distended with gas, the quantity of urine less, and of a deeper colour, and very soon it deposited on standing, a large quantity of pus. In the left lumbar region could be felt a greater resistance than elsewhere in the abdomen, there was a greater roundness and prominence of this part, and percussion over it was generally flat. The symptoms of acute nephritis having been overcome, the patient continued during a month to improve in strength.

and flesh, but at the end of that period was attacked one night with a fit of coughing and suffocation, during which he discharged from his mouth nearly a pint of pus. The signs of a tumour in the left lumbar region at once became less marked, the discharge of pus with the urine diminished, and at last ceased, and there was added a frequent paroxysmal cough, with muco-purulent expectoration. On auscultating the lungs, the natural sounds of respiration were found unaltered in the right one, but in the left, the lower third behind, dull on percussion, offered to the ear a loose ronchus almost like gurgling, there were bronchial breathing and voice at the root, and a slight mucous ronchus there, and at the summit of this lung. By degrees the flatness on percussion disappeared, the expectoration became rather less abundant, and the general condition of the patient remained nearly stationary until the beginning of the month of February, when his cough became more frequent and violent, his body grew thinner, his legs œdematous, and his strength failed him entirely. Towards the middle of the month a tumour appeared in the left groin directly over the psoas tendon; it grew red, pointed, and burst; discharging nearly a pint of pus and serum. From that moment the expectoration ceased, nor was it renewed until within a few days of the patient's death, and then but very scantily.

C. died on the 10th of March. His body was examined, and the following lesions discovered. The bladder was very small, its coat thick and hard, its mucous membrane rugose and firm. The left ureter was larger than the right, its canal being smaller, its walls thicker, and very firm, its internal membrane injected with red vessels and bathed with pus. The corresponding kidney was small and tightly bound in its position by false membranes; it was filled with abscesses, some of which communicated with a large purulent collection situated between the kidney and the psoas muscle, passing downwards along the latter to the opening as mentioned as having taken place in the groin, and upwards by the side of the crura of the diaphragm, penetrating this muscle and forming an enlargement between it and the base of the lung, which was elsewhere adherent to the diaphragm. In the portion of the lung, bathed by the contents of the abscess, was a rounded but rough opening, about a quarter of an inch in diameter, in connection with extensive abscesses running in every direction throughout the lung, and in their turn opening into the bronchia.

In the lower lobe there were a great many

isolated tubercles some of them as large as grains of rice, and in the upper lobe several cavities, having many of the characters of those formed by the softening and evacuation of tubercles; others again were not lined by a distinct false membrane, and were filled with a turbid liquid resembling a mixture of pus and serum. One or two of these cavities existed in the right lung; a few crude tubercles were scattered throughout it. The right kidney was about twice as large as the left; its structure appeared to be healthy.

The posterior spinous processes of the left ilium were found to be carious; they, and the bone for an inch around them, were divested of periosteum, and in contact with the pus contained in the abscess already described.

It rarely happens that the progress of an internal disease can be so distinctly traced, during life, as in the present instance, and it perhaps is equally uncommon to see an inflammation travelling speedily onward from organ to organ, until at last death is the consequence, not so much of any one alteration of structure, as of a series of formidable lesions. This chain had, in the present case, its first link in the injudicious prescription of an ignorant impostor: he probably neither knew nor cared about the bladder which lay beyond the urethra he was treating so heroically, nor about the ureter, the kidney, the lung, which were destined successively to be destroyed by his pernicious drugs. His ignorance may palliate, but cannot excuse his crime; *we*, who profess to know more of the relations, the functions, and the susceptibilities of those organs, may learn a lesson from his error—that of caution in the use of stimulating injections in inflammations of the urethra. When prescribed with judgment, and used with extreme prudence, they are doubtless valuable agents, but ought not to be trusted to an inexperienced or a careless hand.

A. M., æt. forty-three, a seaman, of good constitution, was affected with quotidian intermittent fever, of a malignant type, in September, 1840; he had only three paroxysms, when the disease appeared to be arrested, and the patient returned to his business. But every fourteenth day thereafter he experienced a chill, with fever and sweating, more or less marked. One of these periods fell upon March 2d, 1841. M. had had a scrotal hernia of the left side, from childhood, and generally wore a truss. On March 1st, while at stool, his truss being in its place, M. felt his hernia escape, and when he tried to replace it, found himself unable to succeed. The assistance of two physicians was immediately procured; and the taxis, together with the use of purgative medicines, and depletion, was employed by them, from about 4 o'clock, P. M., on the 1st, until 10 A. M., on the 2d March, when the patient was brought to the hospital. The hernial tumour extended from the upper part of the left

side of the scrotum to near the position of the internal abdominal ring; it was regularly rounded in form, and may have measured about three inches long by two and a half inches wide; it was sore upon pressure, which circumstance the patient attributed to its having been so frequently handled; on percussion the upper third was found to be flat, the lower two-thirds resonant. There was no tenderness of the abdomen; but little vomiting of mucus or bile; no chilliness; the pulse was slow, soft, and moderately full; and the patient complained of nothing but a slight soreness in the left groin. Efforts were renewed to effect a reduction of the hernia; warm applications to the part; the warm bath till faintness came on,—then pounded ice over the tumour, with purgative medicines by the mouth and rectum, were all tried in turn, but unavailingly. The general symptoms, however, were not urgent, and nothing except an occasional hiccough showed that the patient was suffering. On the 3d March, no material change had taken place; M. had passed a comfortable night; the tumour retained its previous characters; there was a little more inclination to vomit, and the prostration was more marked. The tobacco enema was now resorted to; soon after its administration, the pulse became more frequent and feeble, and the patient complained of a strange giddiness in his head, and a feeling of weakness. The taxis was again employed with no better result than before. In consultation it was decided to operate; and the dangers being frankly stated to the patient, he gave his consent.

Dr. Norris accordingly performed the operation in the presence of the medical students, about noon, and with some difficulty succeeded in reducing the hernia, but not until he had first restored to the abdomen a portion of mesocolon, which, descending with the intestine, formed an impassable pad immediately without the abdominal ring. The hernia consisted of this portion of mesocolon, and of a loop of the corresponding intestine, which was slightly injected, but neither gangrenous nor of a dark colour; it was distended by air. There was a trifling hæmorrhage from the *arteria ad eutem abdominis*, which was at once arrested by the application of a ligature. In other respects there was nothing peculiar about the operation, except the length of time it required for its performance, owing to the resistance offered by the mesocolon to the return of the other portion of the hernia.

The patient was put to bed, and continued during the afternoon free from pain; his bowels were more freely opened than before; but his pulse became more frequent, his expression more anxious, and there was a constant hiccough at intervals of four or five minutes. During the night there was an increase of pain in the left groin, and some soreness on pressure on the corresponding side of the abdomen, with

considerable restlessness and unwillingness of the patient to lie on his back. On the morning of the 4th, the pulse was more frequent, (about 140,) very feeble, the general prostration, hic-cough, contraction of the features, and jactitation more marked, the abdominal tenderness moderate, with slight meteorism; there were great thirst, a little vomiting, and copious dejections, procured by enemata. No important symptom was added to those already enumerated; but the patient continued to sink throughout the day, and died about 10 o'clock, P. M.

An examination of the body was made about twelve hours after death, when the peritoneum in the neighbourhood of the strangulated portion of the intestine was found moderately injected: but there was no fluid in the cavity of the abdomen, nor any recent false membrane, nor any gangrene. There did not appear to be any disorganization whatever in that part of the colon which had formed the hernia, only the diameter of the intestine was sensibly less at this point than either above or below it.

What was the cause of death in this case? The symptoms were not threatening before the operation, which the character of the hernia, however, rendered imperatively necessary; and the lesions found after death are not sufficient, we think, to explain the fatal termination. Might the state of the system, at a time when it was threatened with a paroxysm of intermittent fever, have been such as to render death the consequence of causes, which, under other circumstances, would have been incapable of producing such a result?

Rhinoplastic and Cheiloplastic Operations. By J.

PANCOAST, M. D., Professor of Anatomy in Jefferson Medical College, one of the Surgeons of the Philadelphia Hospital, &c.

Jno. Glover, æt. 50, a native of Bridgewater, in England, lost, seven years ago, as he states, by phagedenic ulceration, all the soft parts of the nose, the whole of the upper lip, the turbinated bones and septum of the nostrils.—Though now in good health and robust, he appears an object of deformity so disgusting to himself, that he has voluntarily exiled himself from his family and home. On examination it was found that the teeth with their sockets had all disappeared from the upper jaw, and nearly all from the lower; a small strip of gum, a quarter of an inch wide, stretched across, and formed the only separation between the lower lip and the ends of the ossa nasi.

In consequence of the destruction of the upper lip and the sockets of the teeth, the chin came high up on the face, and the lower lip fell on the margin of the nasal cavern.

The cicatrization following the destruction of the upper lip and nose, had drawn in the angles of the mouth, so as to leave a round opening of not more than three quarters of an

inch in diameter when the mouth was opened to the widest extent.

Jan. 20th, an operation was performed before the class of the Philadelphia Hospital, for the enlargement of the mouth and the reconstruction of the upper lip. The mouth was widened after the manner of Dieffenbach, for about five-eighths of an inch at each angle, by removing a slip of the muscle and integuments in front of the mucous membrane, and then dividing the membrane in two, and binding each half by suture over the raw edges of the new lip. A flap of integument was then raised from the muscles of each cheek, an inch in breadth and an inch and a half in length, and brought down and fastened together by hare lip suture in front of the gum, which had been previously made raw with the knife. The operation succeeded. The new lip became perfectly adherent to the gum, and presented a natural appearance.

March 27. Proceeded to the Rhinoplastic part of the operation. A flap of the integuments was raised from the forehead, nearly of a pyramidal shape, three inches long and three inches broad at the base, having an adherent strip raised from the scalp on the middle line an inch and a half long and 5-8ths of an inch broad, to form the columna of the new nose. The flap was dissected up, remaining attached only by a pedicle between the eyebrows, and twisted so as to present its raw surface over the opening of the nose. The integuments of the forehead and scalp were then brought together with hare lip sutures, leaving only a small opening to fill up by granulation, the size of a twenty-five cent piece. A groove was cut along the sides of the nasal cavern into which the flap of the new nose was stitched. The new columna from the scalp was bent in, and fastened with hare lip pins to the upper margin of the gum, and the new lip formed on the 20th of January, and which were freshened with the knife for its insertion. The entire operation lasted a little over an hour, and was borne by the patient without a murmur.—31st. The dressings were removed, the wound in the forehead and scalp were found united, except in the middle space, by first intention. The new nose and the column had also united every where by first intention, and retained in a great degree the natural prominence. The patient suffered but little pain, or inconvenience since the operation, and has the fairest prospect of having his hideous deformity entirely removed. The details of this case will be hereafter more fully given, as well as those of another case in which the operation was performed by Dr. Pancoast, on the 9th of January last. In the latter instance, the nose which had been lost by scrofulous ulceration, attended with a destruction of a considerable part of the hard palate, was rebuilt by flaps from the cheeks, and the operation has been so completely successful as to require a careful inspection to distinguish it from the natural organ.

Anatomical description of an Hermaphrodite, known by turns under the names of Marie-Dorothé Derier, and Charles Durgé. By Professor MAYER, of Bon. Translated from the French, by O. H. PARTRIDGE, M. D., of Philadelphia.

This remarkable individual whom we are about to describe, has been known to the medical community for more than thirty years, at first by the name of Marie-Dorothé Derier, afterwards by that of Charles Durgé. Born at Berlin or Potsdam in 1780; he was baptized as a female child. At twenty years of age he still continued to wear the clothing and follow the occupation of females moving in the same grade of life; it was about this time that he was first spoken of in the public journals. Hufeland made mention of him in his journal for 1801; and notwithstanding the perspicacity of this patriarch in German medicine, he gave it as his opinion that the attributes of the female sex were predominant with Derier.

During the years 1816 and 1817, Derier, who had learned to model in wax, visited the different universities in Germany, and travelled into France, Holland, and England, where he was employed in most of the anatomical museums. He was examined by a great number of medical gentlemen and men of science; among whom were Kopp, Kansch, Marsina, Rosenmüller, Oslander, Lawrence, Green, and the faculty of medicine in Paris, the most of whom gave it as their opinion that he was of the masculine sex. Hufeland, whom we have already mentioned, Gall, and Brooks, declared in favour of the feminine. While others, and among them Drs. Schneider and South, Schmittmüller and Ritgen, were of the opinion that Derier belonged to neither sex; the different parts of the body were considered as appertaining to the masculine and partly to the feminine. The pelvic basin only was considered by the most of them as the basin of the female; notwithstanding, the anatomical inspection, as we shall see, has demonstrated to the contrary.

Supported by the opinions of a majority of physicians, who had pronounced him of the masculine sex, and stimulated by a sort of vanity, Derier assumed the dress and mode of living usual among men, and caused himself to be called Charles Durgé. Under this name he continued to live in Bon, from 1820 to the time of his death, which occurred in March, 1835. During the latter period of his life he was constantly under the observation of M. Mayer. Durgé, said he, was pleased to be in the society of males, but evinced a greater predilection for that of females, yet entertained towards neither of them any amorous propensities. His character was a *mélange* of the man and the woman: on the one part, he had courage unusual to one of his size,—he possessed great physical strength, and loved to rule; and, on the other, distinguished himself for great ma-

nual dexterity, as his works in wax were always well and faithfully made. He was animated with sentiments mild and affectionate, yet at the same time possessed a certain spirit for contradiction.

During the last years of his life there was no evidence of a catamenial discharge from the genital organs, as there had been two or three times during his twentieth year, yet he was subject to epistaxis and hæmorrhoids, phenomena which were attributed to his manner of living, as he indulged freely in the use of wine, coffee, and spirituous liquors. Durgé never had pollutions or ejaculations of semen. His voice became more hoarse and strong as he advanced in age; his beard was light and thin; all his hair had fallen off, with the exception of a few locks that hung long and pendant from behind the occiput. His head and face presented the aspect of an old woman; the teeth also were nearly all gone; neck short; chest fat and rotund; arms and legs slightly covered like those of the female; his height, which was taken at the time he was thirteen years of age, when he had arrived at his full stature, was five* feet. At thirty-eight there was a complete change in his constitution, and he became very gross and portly; he enjoyed most excellent health, with the exception of a nervous fever, which attacked him when he was about forty years old. He continued thus to live until three years previous to his death, when his memory failed, and he lost all taste for his works in wax. In the month of March, 1835, his countenance assumed a haggard aspect for a number of days, at the end of which Durgé or Derier succumbed suddenly of a violent attack of apoplexy. The autopsy was made by Professor Mayer, one of the most distinguished anatomists of Germany. M. Mayer was exceedingly minute in his examinations, which might have been thought by some unnecessary, had they not been justified by the importance of the subject.

We have thought it our duty to report faithfully the description of the professor in Bon, because it has thrown much light upon the true nature of an individual who had enjoyed a certain celebrity in consequence of the great difficulty that had existed to determine to which sex he belonged. It proves to us, moreover, that there does exist among the human species, true hermaphrodites,—that is, the organs male and female in the same individual.

Autopsy Exterior.—Length of the body 5 feet; length of the superior extremities from the condyle of the humerus to the end of the middle finger 2 feet 4½ inches; inferior extremities from the great trochanter to the heel 2 feet 10¾ inches. Form of the head feminine, small,

* We here make use of the French measure, which the reader will recollect is a little longer than the English—12 French inches being equal to about 13 English inches.—Tr.

os frontis, narrow and low; occiput prominent; hair thin, and covering only the occipital region; beard very thin; neck short; larynx slightly projecting; breadth of the shoulders 1 foot 2 inches; superior portion of the thorax narrow and short; abdomen of good length; breasts very well developed, but the nipples shrunk; pelvis not large; pubien arch of a medium width; curve of the arms and legs like those of the female.

Description of the internal organs.—Tongue short, large, and ovoid; papilla long and of a natural size; os hyoides small, but well developed; the thyroid cartilage forms but a slight projection, is very narrow, but of a tissue sufficiently hard throughout; thyroid gland quite large; cornua thyroidea, superior and inferior, very long; the ligaments of the thyroid and cricoid cartilages, strong and well developed; epiglottis short and large; cavity of the larynx moderately large, nevertheless, the vocal chords, superior and inferior, are sufficiently thick and strong; trachea narrow, and its cartilages more soft than those of the male. Lungs small; the right lung is divided only into two lobes by a fissure incomplete and not very deep; the left also is divided and adherent to the parietes of the thorax, the pericardium and diaphragm; the right lung, with the exception of a few arthritic tubercles of the size of peas, are healthy; the left contains a large number of these concretions, particularly on the internal edge of the superior lobe. Heart fat, large, round, and resembles the heart of a female; its structure is normal, and the muscular tissue well nourished; the division of its vessels from the arch of the aorta, natural. The stomach is of an oblong form and not very muscular. Spleen small, and only 2 inches 10 lines in length, and 1 inch 8 lines broad. Liver of a medium size, biliary ducts contain a large number of calculi. Intestinal canal normal; cæcum large; appendicula vermiformis large. Mamma tolerably well developed, the glandular granulations are wanting, but in their place are found a quantity of small globules, fatty, and of a reddish yellow appearance; the nipple projects but slightly, and is pierced by a great number of minute holes, which are evidently sebaceous follicles, and situated only about the areola. Kidneys oblong, thin, and small; renal capsules normal.

The encephalon is small, and presents entirely the form and organization of that organ in the female; its form is round and symmetrically convex; lobes not prominent, convolutions numerous, but narrow; dura mater and pia mater are of an extremely delicate texture; pons varoli and medulla oblongata small; the nerves, and particularly the fifth pair, are more delicate than in the male; the cerebellum is also small, and its right hemisphere in particular is much less voluminous; in fact all the lobes appear to have been arrested in their development; the lamina are numerous; the ce-

rebrum presents also a want of development in its right hemisphere, as is indicated by a depression at the lobes; corpus callosum short; thalami nervorum opticeorum, corpora quadrigemina, pineal gland and corpora striata are below the natural size. *Cranium* small; its bones thin but solid; sutures not effaced; bones of the face tolerably well developed; ossa maxillaria superiora destitute of teeth; in the ossa maxillaria inferiora two molar and three incisors still remain; mastoid processes large and of a very firm texture; os frontis slightly projecting, but the summit of the cranium and the occiput which contain the posterior lobes are quite large; the prominences corresponding to the cerebellum, not well developed, the left saillant and the right quite smooth; vertebral column regularly formed, but the vertebræ, especially the cervical and thoracic, are of rather delicate texture; ribs brittle and thin; the 3d, 4th, 5th, 6th and 7th on the left side have been fractured, the four first in two places, the last in one only; the fractures now are consolidated and quite firm; the pleura adheres at three different points, and also to the lungs; the sternum, particularly its superior portion, is quite large; thorax uncommonly narrow, more especially its middle portion, while its lower section is also of good size.

The bones of the superior extremities are proportionally well developed, but present a feminine character, particularly the clavicle and scapula; the first is short, rounded, thin, and very curved—the fore-arm forms with the arm an angle from without, a little unusual; the hands are small like those of the female; lumbar vertebra rather small, sacrum large; sacro vertebral angle slightly prominent. The bones of the pelvis are strong and solid, and in general narrow, presenting in an evident manner the configuration of the pelvis of a male; its greatest transverse diameter from the crest of one ilium to the other is 9 inches; from the anterior superior spinous process of one ilium to the opposite it is 7 inches and three lines; transverse diameter of the superior strait 4 inches 5 lines; antero posterior 3 inches 4 lines; oblique diameter 4 inches; transverse diameter of the inferior strait 3 inches 3 lines; antero posterior 2 inches 6 lines; symphysis pelvis long and narrow; the arch of the pelvis is like that of the male, and forms an angle of 65 degrees; the lateral portions of the ilium have a vertical direction; cotyloid cavities are flat and turned forward; sciatic tuberosities look downward and inward; the whole of the pelvis is a little unequal and oblique, inasmuch as the right half of the small basin is smaller and more narrow than that of the left, and the sacro vertebral angle greater towards this side; osseous tissue of the inferior extremities very delicate; neck of the femur short; trochanters feeble; knees a little crooked from within.

Description of the genital organs in particular.—Mons veneris slightly elevated; the hair

that cover it are thinly scattered and do not extend as far as the umbilicus; perineum and anal region also only partially covered. Length of the penis to the glans two inches; the glans itself nine lines; penis mostly covered by the mons veneris; corpus cavernosum equally well developed, presenting, each one a perpendicular diameter of eight lines, and together a transverse diameter of four lines, divided by a septum; corpus spongiosum wanting; the prepuce covers but about half of the glans; and a little on the under side is found an opening, *fosselle naviculaire*, or small canal, which represents the canal of the urethra closed, and is formed of two folds of skin, stretched backwards, and which resemble the nympha; this small canal leads, to an opening, round and about the size of a goose quill; the external labia, the skin of which is wrinkled, forms the posterior edge of this opening, and the mucous tissue, smooth and glossy, its anterior; at the anterior or superior border are to be seen two longitudinal folds of skin, between which is a small canal representing the canal of the urethra, and runs in a direction inward; at the edges of the internal labia are also seen the vestiges of the *curunculæ myrtiformis*; the circular opening continues, with a vestibule of eight lines in length, and merges above into the canal of the urethra, and below into a larger canal which resembles a vagina; the septum that divides at this place the vaginal and urethral canals is semilunar in form, and is placed horizontally; the canal of the urethra is near the racine of the penis, and is at the same time surrounded by the prostate, which is firm, but not very thick; neck of the bladder, and the bladder itself, are regularly formed; the latter particularly is very muscular, and its membranes dense and strong; the mouths of the ureters present nothing singular. The canal which represents the vagina is composed of a delicate mucous tissue, and has but few muscular fibres, and is partially filled with a greenish mucus; at its commencement it is surrounded by a tissue, rectiform and vascular, and easily separated; this tissue is composed mostly of varicose veins, which continue upwards between the vagina and uterus, and finally disappear; at this place are seen a number of veins coming out, and a large artery entering. Length of the vaginal canal two inches eight lines; diameter of the external orifice, where it is the largest, ten lines; posteriorly, it is only six lines; in its internal surface anteriorly it is a little corrugated,—farther back, smooth, but garnished with a great number of small warts, where are to be seen also radiated or star-formed cicatrices. The vagina terminates interiorly by a narrow portion or sort of isthmus of a spongy texture, and of from four to six lines in length; behind this isthmus, which represents the imperforate orifices of the uterus, is found the uterus itself, which continues upwards with the oblique direction of the vagina, behind and between the bladder and

rectum, with a slight declination from right to left, so that its base is seen on the left side of the bladder, at the point of union between the body and base of this organ.

The uterus is extremely narrow; length two inches six lines; neck quite small, yet it is not difficult to distinguish that it has a neck, body, and fundus; there is nothing remarkable in the internal surface, except some small folds and a number of small spots of a yellowish brown colour; its cavity, which contains a gelatinous mucous, is much narrower than that of the vagina, and will hardly receive a goose quill; its fundus is a little larger, and will measure nearly six lines; the body of the uterus exhibits a few corrugations or folds, and a number of hydatiforme vesicles, mixed here and there with yellow spots.

The two Fallopian tubes open exactly at the fundus of the uterus, but in length are unequal; the left tube being three inches four lines, and the right four inches four lines; the tube of the canals is small, but perfectly permeable to the abdominal opening, which is imperforate, and where are discovered a number of hydatids; corpus Fimbriatum plainly to be seen; the muscular fibres are very strong which are given off from the fundus of the uterus, under the peritoneum, and which pass over its anterior portion and the bladder in a direction towards the inguinal ring, and finally are lost in the adipose tissue of the external organs. In the right side, near the open extremity of the Fallopian tube, is a small, flat, ovoid body, from which are given off a bundle of vessels and muscular fibres, and entirely enveloped in the peritoneum; its form is that of a small almond; its parenchyma is evidently composed of a yellow, soft, and filamentous tissue, resembling exactly that of the testicle; the vesiculæ seminales may easily be dissected, and in the cord are to be seen the artery and vein. On the right side, behind and a little without the abdominal opening of the Fallopian tube, there is also a small, round, flat body enveloped in the peritoneum, but its tissue is gelatinous, and composed of small grains, so conglomerated as to resemble rather an ovary than a testicle."

We here see the mixed attributes of a male and female; on the one part a testicle slightly atrophied, also a penis and prostate gland; on the other, a vagina and uterus with its Fallopian tubes, and on the left side a body analogous to an ovary. M. Mayer has also observed as a fact worthy of special notice, the very slight development of the hemispheres of the cerebellum, an anomaly that Gall predicted, when Derier or Durgè was twenty-five years of age, in consequence of the indifference exhibited by him for either sex. It is also a fact, that on the right side, where the cerebrum, and particularly the cerebellum, were imperfectly developed, there exists in the abdominal cavity but one thing doubtful, that is, the

body which was supposed to be an ovary; while on the left side there is certainly a testicle, although not of full size.

Finally, M. Mayer adds, he never has observed this defect in the organization of the cerebellum in any other case of hermaphroditism, either in the male or female.

BIBLIOGRAPHICAL NOTICE.

Observations on Remittent Fever, founded upon Cases observed in the Pennsylvania Hospital.

By THOMAS STEWARDSON, M. D., one of the Physicians to the Institution. [*American Journal of Medical Sciences.*]

Remittent fever is one of the most frequent diseases; and either in its genuine form, or in the innumerable shades of resemblance by which it approaches to the intermittent type, is met with in the summer and winter of every year. There is no portion of the United States, except New England, which is absolutely exempt from it; but it prevails to a very different degree of intensity; and, like most endemic diseases, is not only modified by situation, but by the peculiar character of the epidemic of the year, and of the series of years. Thus the disease was extremely prevalent in the neighbourhood of Philadelphia in the years 1820-1-2 and gradually became less and less common until the years 1827 and '28, when the epidemic series of years may be said to have ceased. Within the last twelve years it has varied in prevalence and intensity, but it has not prevailed to any great degree in Eastern Pennsylvania, except in some localities, such as the neighbourhood of certain rivers and their tributaries, especially the Susquehanna and Schuylkill. Cases do occur to some extent in other situations, but they are in general mild, and oftener simple intermittents than of the true remittent character. There are, therefore, few fatal cases of the disease at Philadelphia, except amongst strangers, who come from parts of the country where remittents are prevalent, and where they have contracted the fever; and for this reason the cases of severe forms of remittent are of late years more numerous at the Pennsylvania than at the Philadelphia Hospital, because a large number of seamen are admitted into the former institution. These patients contract the disease on the marshy coast of North Carolina and Virginia, and enter the hospital as soon as they reach port. Some of

them have suffered from privation and neglect, and die almost immediately after their entrance, which gives a disproportionate number of fatal cases.

The present memoir is relative to the pathological anatomy of these fevers, chiefly as observed in the year 1838, in which the number of fatal cases was remarkably great. Dr. Stewardson was familiar with the pathological anatomy of typhoid fever, which he had studied at Paris, and admits the differences which had been ascertained to exist between it and typhus fever, and remittent fever. In both of these latter diseases it is proven that no lesion of the glands of Peyer exists, and the difficulties which stood in the way of reconciling the discordant testimony of English and French writers upon these diseases are removed. (See *American Journal*, 1835, and February and August, 1837, papers on Typhus Fever, &c.)

The subject of remittent fever was, however, better known to the English than to French physicians; and it would not have been necessary to have proven that remittent fever was not accompanied with the particular lesions of typhoid fever, had not the fact been assumed without foundation by some of the French pathologists. The experience of English physicians, as well as of American, agreed in admitting that the liver, stomach, and spleen, were the organs most affected. In our own observations we do not remember a case in which two of these organs at least were not *obviously* altered; generally the three were more or less inflamed or congested. As far as the stomach was concerned, the alteration was obviously inflammatory; as to the spleen, it seemed to be simple congestion, now and then taking an inflammatory action. The liver, however, was long known to be the most important cause of many modifications impressed upon the disease; and we have been in the habit of considering its alteration as the result of acute or chronic congestion, or sub-inflammation; rarely is the inflammation carried to the phlegmonous point; almost never, indeed, in our climate. These alterations, it is shown, are accompanied by a peculiar modification of the blood; it is true that objections may be made to so vague a term; but while its imperfection is admitted, the fact exists, and to a certain extent the nature of the alteration may

be pointed out. The blood is thin and watery, with a large proportion of serum, and but little altered as to its colour, except that it is much paler than usual; this change takes place not only in the true remittent fever, but in the intermittent, which passes into the former by insensible shades.

Our pathological knowledge was at this point then; but we had no one lesion strikingly characteristic of the disease; it was a compound lesion, produced apparently in great part, if not entirely, by the state of the blood, and apparently dependent mainly upon it. This was especially the case with the parenchymatous organs, the liver and spleen. Dr. Stewardson has gone further; and from the facts which he has observed comes to this conclusion, that there is an alteration of the liver of a peculiar kind, different from what is found in other diseases, and especially characteristic of remittent, and perhaps intermittent. Any one who is acquainted with the character of the author as an observer and pathologist, or who looks merely to the intrinsic evidence of these cases, will see at once that the pathological anatomy is carefully described, so that the only point is to ascertain whether further observation will confirm the conclusions of Dr. Stewardson, as applied to the disease in general. There is no doubt, however, that results which have been uniformly found correct in the cases he has described, will vary but little, if at all, in other cases, and we therefore do not hesitate to regard his researches as highly interesting to the pathologist. If we should speculate on the cause of the bronzed or olive colour of the liver, we would ascribe it to the infiltration, or intimate combination of the bile with the acini, or minute structure of the organ.

A case will illustrate the description of the lesions.

Benjamin Southwick, a sailor, aged twenty-nine, arrived at Philadelphia on the last of August, 1838, four days from Savannah, Georgia. Three days before his arrival he had been exposed in a heavy gale accompanied with much rain, and his clothes wet through. He was taken on the evening of the 31st of August, having previously felt heavy in his head, with a chill, accompanied by pain in the head and back. The chill was slight, did not last long, and during the night he perspired a good deal. On the following day, towards evening, he felt somewhat relieved, but the next day, September 2d, he had a severe chill, followed

by high fever, great heat and thirst. On the 3d he was admitted into the Hospital. At that time his skin was hot and dry; pulse frequent, tense and full; headache, stupor, and injection of eye; great tenderness at epigastrium; bowels had been frequently opened. He took the effervescing draught, cold was applied to the head and six cups to the back of the neck.—Low diet.

September 4th.—Slept well last night; mind clear, no dulness; senses perfect; no noise in ears; no headache; some yellowness and injection of conjunctiva; a little moisture about forehead; skin warm and slightly yellow; pulse 72, moderately full and strong; no cough; tongue red, moist at edges, dryish in centre, with a whitish fur posteriorly; no appetite; vomiting of a greenish fluid; oppression and some pain across hypochondria, which are tender on pressure; belly generally supple, no meteorism; bowels open twice this morning. *Rx.*—Cups to epigastrium; cold barley water for drink.

Evening.—High fever; skin hot and dry; tongue dry; frequent vomiting; no stupor or delirium. He was directed to take iced drinks and the effervescing draught; and to have a mustard poultice applied to the stomach; also calomel, gr. $\frac{1}{4}$; opii. gr. 1-6th, every two hours.

5th.—Has taken four of the pills of calomel and opium. Head hot; some stupor; no delirium or headache; eyes injected; hearing good; respiration frequent and laboured; percussion of chest and respiratory murmur natural; tongue dry and hard; irritability of stomach diminished; no vomiting to-day; little or no tenderness at epigastrium; abdomen distended, tympanitic; bowels opened slightly once this morning; skin warm and slightly moist; yellowness very marked, and of a deep shade; pulse full, moderately strong and a little jerking. The cold drinks and the cold to head were continued, and the following powder directed, viz.: calomel and jalap, aa gr. x; cups to head if cephalic symptoms are not relieved.

Evening.—Stupor continues; some incoherence; great tenderness at epigastrium; does not complain of sensation of heat there; tongue dry, chapped and smooth; pulse more full. Head to be shaved and cold applied; cold drink as before; also a table-spoonful every hour of the following mixture, viz.: citrate of potash, $\mathfrak{z}\text{ij}$. sulphate of magnesia, $\mathfrak{z}\text{v}$. water, &c., $\mathfrak{z}\text{viij}$.

6th.—Dozed during the night but had no sound sleep; did not talk in his sleep; slight wandering but no positive delirium; answers questions readily and without hesitation; no headache; no noise in ears; senses perfect; pupils small, conjunctiva very yellow; slight bleeding at nose; respiration scarcely 20 in the minute, full; oppression at præcordium; great tenderness at epigastrium, which is distended and resonant from gas; has thrown up his medicine several times; the matter last vomited of a light green colour; bowels opened once by

injection; stool yellowish brown; skin supple, of natural temperature, of a decided yellow colour; pulse 84, less full and strong; patient lies on his back, quiet. Continue cold drinks and repeat mustard plaster to legs; a blister to the epigastrium. Discontinue the mixture of citrate of potash, and take blue mass, gr. iij.; Rhei. gr. vi. one every four hours.

Evening.—The blister has drawn; oppression at præcordium increased; respiration laboured; abdomen distended, tympanitic; mind depressed, slightly wandering; hearing good. The cold drinks were continued and an ounce of tinct. of assafœtida directed by injection.

7th.—Eyes very yellow and pupils contracted; oppression at præcordium continues; vomiting of a light greenish fluid; skin warm, deep yellow; pulse 100 to 106, more corded and less full; has taken but two of the pills ordered yesterday, as they irritated the stomach. Discontinue pills and repeat assafœtida injection and cold drinks.

8th.—Much the same; great dejection of mind with slight stupor, but no delirium; hearing good; no subsultus; lies on back; yellow colour of skin still deeper than before; hiccup occasionally yesterday and this morning, on which account an injection of a few drops of oil of amber have been administered. Ordered cold drinks with ice; repeat oil of amber if hiccup returns.

He died between 11 and 12 o'clock on the same night; his consciousness being perfect to the last.

Autopsy 17 hours after death. *Head.*—Membranes easily detached from the surface of the convolutions; no infiltration under the arachnoid; considerable deep injection of pia mater, especially between the convolutions, soon becoming bright upon exposure to the air; on the upper middle surface of the right hemisphere there is a red patch about the size of half a dollar, owing apparently to a slight effusion of blood into the cells of the pia mater; between two of the convolutions and imbedded in pia mater were found two rounded bodies about the size of small peas, of a yellowish white colour, which when cut into presented a cavity filled with a friable yellowish white substance; substance of brain firm and of natural colour; cortical substance very distinct; medullary presents a moderate number of red dots on its cut surface; central portions not at all softened; surface of ventricles of a decided yellow colour; no fluid in them; thalami and corpora striata natural; nothing else remarkable; cerebellum natural.

Chest.—No adhesions; both lungs supple and crepitating without tubercles or other organic lesion; when cut into, the upper lobes present a yellowish tinge, and when squeezed a spumous fluid of the same colour issues from them in small quantity, otherwise natural; lower lobes of a deep reddish brown, containing a large quantity of red spumous fluid, not at all granu-

lated; texture rather firm, but natural. Heart rather large, but otherwise natural; valves supple, of a yellow colour as well as aorta, which is bright yellow.

Abdomen.—Liver of a natural size, flabby, of a bronze colour, which becomes livid in the small lobe; internally of a uniform light bronze colour; acini distinguishable by a slight elevation, but no difference of colour in the two substances; gall bladder filled with a very dark almost black bile, perfectly fluid and thin; a very thin layer of it showing an orange colour. *Spleen* four or five times its natural size, very much softened, pultaceous, brownish black, looks somewhat like clotted venous blood. *Stomach* rather contracted, containing a small quantity of a thin dark coloured fluid. Mucous membrane thrown into folds along the great curvature; its colour, except for a few inches near the pylorus, was bister with a tinge of olive, especially along the great curvature, and with the intermixture of a red tinge in the great cul-de-sac; where the alteration of colour exists, it is softened, friable, and with difficulty raised from the submucous tissue to which it seems to be more adherent than natural; its thickness not materially altered; near the pylorus, where it is pale, it is easily raised into long strips, and is of natural thickness. The mucous membrane of the *duodenum* a little softened, pale, with a slight greenish tinge, otherwise natural; glands of Brunner numerous in same part. The mucous membrane of the *ileum* was also generally pale, with a decided greenish tinge, and some red injection of vessels towards its lower part for the space of a few inches; its thickness was natural; no softening; is easily raised in strips. The glands of Peyer distinct and perfectly natural. Jejunum and upper part of ileum not opened; large intestine healthy; kidneys not examined.

The following description of the alteration of the liver is given by Dr. S.

Liver.—Enlarged in three cases, and in one of them to a great degree, in the others it was of natural or moderate size. The consistence of the organ appears to have been generally diminished, being flabby, or softened, or both, in four cases, a little soft in a fifth, and moderately firm, but still readily penetrated by the finger in a sixth; in the seventh the consistence is not mentioned.

The colour was nearly the same in every case, but very different from natural. In most of the cases the liver is described as being of the colour of bronze, or a mixture of bronze and olive, in one as a dull lead colour externally, internally bronzed with a reddish shade; in another as between a brown and an olive, the latter predominating; and finally, as a pale slightly greenish lead colour, with a tinge of brown, in one instance. Few things are more difficult than a description of colour. The most correct idea of that before us would perhaps be

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conveyed by stating its predominant character, the same in every case, to be a mixture of gray and olive, the natural reddish brown being entirely extinct, or only faintly to be traced.—This alteration existed uniformly or nearly so throughout the whole extent of the organ, except in a single instance, where a part of the left lobe was of the natural reddish brown hue. As the alteration of colour pervaded both substances, the two were frequently blended together, and the aspect of the cut surface remarkably uniform. In one case, however, there was a marked distinction of colour, the olive being predominant in the parenchyma, the brown in the acini. Of the four cases in which these characters are mentioned, the cut surface is described as smooth in three, of a shagreened appearance, and rough in the left lobe, in the fourth. This last character was evidently dependent upon hypertrophy of the lighter coloured substance, which existed also in another instance, both cases, however, being examples of a very protracted form of the disease.

The nature of the lesion of the liver above described, characterized essentially by a peculiar alteration of colour, is not easily determined. That it is the result of inflammation will hardly be contended, and even if attended with congestion, (which I think very doubtful,) this could not account for it, as congestion is frequently present in other diseases where no such alteration of colour is observable, and where, on the contrary, its effect is to produce a deeper red. Some, perhaps, will look upon it as dependent upon the infiltration of bile into the tissue of the organ, but still it will at once be perceived that this presupposes a peculiar alteration of the bile and liver, inasmuch as the appearance presented is not found in other diseases, at least so far as I am aware. In saying that this lesion is found in no other disease, I wish to be understood as excepting those cases of pernicious and other intermittents, which prove fatal in the early stage, or before giving rise to well developed cirrhosis, abdominal effusion, &c. Indeed I think it highly probable that the same alteration of the liver will be found to exist in intermittents which thus prove fatal, an opinion confirmed by the case last detailed. (Case III.) In speaking, therefore, of this alteration being peculiar to remittent fever, I wish to be distinctly understood as not excluding intermittent fever, which in my opinion is essentially the same disease.

The lesion in question, then, being peculiar to the disease before us, and the only one which is so, (all the other lesions being common to it and other diseases,) and at the same time being found, as already observed, in every case, we are obliged to admit that it constitutes its essential anatomical characteristic, or at least that such is the conclusion to be derived from the cases before us. Their number, I am aware, is insufficient to establish such a point conclusively, and it therefore remains for future ob-

servers to determine whether or no the lesion we have described belongs to the disease under all circumstances. That such will be found to be the case, I confess, seems to me very probable, when I recollect that the cases we have been examining were distributed over three successive seasons, and originated, not in a single locality, but in different and widely separated places, and also that by a reference to the description of authors, it is apparent that a similar condition of the liver has been frequently observed by them, without, however, attracting that attention which it seems to me it demands. Thus we find it stated, in a dissertation on remittent fever, recently published by Dr. Shapter,* and composed no doubt after a comparison of the description of various authors, that "the liver is found enlarged, injected, and softened in structure, and is generally of a *dark*, sometimes of a *gray* colour."

It has been already mentioned that the characteristic alteration of the liver was, in two protracted cases, combined with a general development of the acini or lighter coloured substance.

The terminating remarks, with the extracts we have already given, include that portion of the article which will be interesting to our readers. The remarks of the author that the alteration of the liver is not the cause of most of the symptoms, receive our unqualified assent, and place the lesion in its true point of view.

Let us now observe, in conclusion, that, of the various lesions described in the foregoing pages, two only were constant or observed in every case, viz. that of the spleen and the peculiar alteration of the liver. We might perhaps include amongst the constant lesions, the development of the glands of Brunner in the duodenum, but it may admit of doubt whether these glands were really morbidly enlarged in every case, although, at the same time, their frequent enlargement and uniform distinctness constitute a striking peculiarity of the disease. Of those which were not constant, the inflammation of the stomach is unquestionably most worthy of attention, both on account of its great frequency and the importance of the organ itself. The lesion of the spleen, though constant, was similar in appearance to that found in other diseases. It was remarkable, however, for the uniformly great degree to which it was carried, and for being frequently accompanied during life with pain on pressure in the left hypochondrium, a circumstance not usually accompanying enlargement and softening of the organ in other acute affections. The liver, on the other hand, was the seat of a morbid change not only present in every case, but of a character not met with in other diseases, and as it was

* See Tweedie's Library of Practical Medicine, vol. I.

the only lesion which offered these two conditions, the conclusion is obvious that it constituted the essential anatomical characteristic of the disease, as it presented itself to our observation. As the number of cases were small, such a conclusion when viewed as a general proposition, applicable to remittent fever universally, can only be regarded as the indication of a probable truth, the full confirmation of which requires the analysis of a more extended series of observations, conducted after the same manner. I have already given my reasons for supposing that the lesion in question will probably be found to be uniformly characteristic of the disease, and also for believing that even if such should not be found to be the case, it still had strong claims upon our attention, and shall not repeat them here. It is a circumstance particularly worthy of note that the only two fevers in which yellowness of the skin is found as a principal symptom, should also be the only ones characterised by any remarkable alteration of the liver, and this consideration is certainly calculated to give to the latter additional interest and importance. I ought perhaps here to mention that I was made acquainted with the conclusions of M. Louis in reference to the anatomical characteristic of the yellow fever of Gibraltar, some years before the publication of his work on that subject, as he kindly favoured me with a perusal of the manuscript, which he placed in my hands for that purpose shortly before my leaving Paris in the year 1834. To this circumstance I am no doubt much indebted for having my attention especially directed to the condition of the liver, particularly as the very first fatal case which occurred at the Pennsylvania Hospital, after my entrance upon the duties of my station, bore a strong resemblance in many of its symptoms to yellow fever. Admitting that the lesion of the liver, which I have described, really constitutes the essential anatomical characteristic of remittent fever, are we to look to this organ as the primary seat of the disease? To this, I think, we must answer in the negative, at least so far as our information at present extends, because, in the first place, we have no evidence that the lesion is present at the very commencement of the disease, although it is highly probable that it exists at a very early stage; and, in the second, it is impossible, even if it were so, to explain by its means all the early symptoms, or, in other words, to trace them to it as to their source.—In short, it seems to me, that here, as well as in typhoid and yellow fever, the characteristic anatomical lesions are to be regarded, like the pustules of small pox, as consequences and not as causes of the affections which they severally characterize, and that we must look for the latter in some morbid condition other than what is observed in the solid organs. It is to be hoped that the investigations now going on in reference to the alterations of the blood may throw some light upon this obscure subject.

Of the causes of death but little need be said. In some cases the condition of the organs afforded a sufficient explanation of it, especially in those two, where, in addition to the lesions generally met with, there was either extensive ulceration of the large intestine, or thinning and softening of the mucous membrane of the small intestine with partial peritonitis. In others, again, the lesions of the solid viscera do not appear to be sufficient, but, as the blood was altered in every case in which its condition was noted, we may reasonably conclude that the changes in this fluid played an important part in bringing about the fatal termination.

DOMESTIC.

Jefferson Medical College.—The Trustees of this Institution, on Tuesday last, re-organized the Medical Faculty by electing the following gentlemen Professors:

ROBLEY DUNGLISON, M. D.—Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M. D.—Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M. D.—Anatomy.

JOHN K. MITCHELL, M. D.—Practice of Medicine.

CHARLES D. MEIGS, M. D.—Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M. D.—Chemistry.

JACOB RANDOLPH, M. D.—Practice of Surgery.

THOMAS D. MÜTTER, M. D.—Institutes of Surgery.

Death of Professor Colhoun.—SAMUEL COLHOUN, M. D., Professor of Materia Medica in the Pennsylvania Medical College, died on Wednesday morning, April 7th,—a learned and estimable physician.

The Medical Schools.—In the University of Pennsylvania, during the past session, there were 410 students; at the recent commencement, 166 graduates; in the Transylvania University, at Lexington, Ky., 254 students, 62 graduates; in the Medical Institute of Louisville, Ky., 205 students; in the Jefferson Medical College, 163 students, 57 graduates; in the Pennsylvania Medical College, 112 students, 43 graduates; in the Geneva Medical College, 136 students, 34 graduates; in the Albany Medical College, 122 students, 29 graduates; in the Harvard University at Boston, 88 students.

The Chair of Theory and Practice of Medicine in the Transylvania University.—The chair of the theory and practice of medicine in the medical department of this institution is at present vacant, and with a view to fill it in the best possible manner, the board of trustees invite applications for the appointment from the members of the medical profession.

The communications on the subject must be addressed to the *Dean of the Medical Faculty of Transylvania University*, and come to hand before the first of June next, when the appointment will be made. The name of no one but the successful candidate will be made public.

HEALTH OF THE CITY.

INTERMENTS in the City and Liberties of Philadelphia, from the 27th of March to the 3d of April, 1841.

Diseases.	Adults.	Children.	Diseases.	Adults.	Children.
Abscess of brain,	0	1	Brought forward,	40	36
— lumbar,	1	0	Inflammation of		
Apoplexy,	1	0	breast,	0	1
Cancer,	1	0	— bladder,	1	0
— breast,	1	0	— peritonæum,	2	0
Croup,	0	3	Marasmus,	0	2
Consumption of			Measles,	0	2
the lungs,	15	4	Old age,	1	0
Contusion on the			Palsy,	2	0
abdomen,	1	0	Pleurisy,	2	0
Convulsions,	0	4	Rheumatism,	1	0
Cyanosis,	0	1	Small pox,	2	2
Diarrhœa,	1	0	Spina bifida,	0	1
Dropsy,	1	0	Still-born,	0	8
— head,	0	4	Syphilitic cachex-		
— breast,	0	1	ia,	1	0
Disease of heart,	1	0	Unknown,	1	1
— lungs,	1	0	Violence,	0	1
— liver,	1	0			
Drowned,	0	1	Total,	107	53
Debility,	1	2			54
Enlargement of the			Of the above, there		
heart,	0	1	were under 1 year	29	
Fever, remittent,	2	0	From 1 to 2	7	
— typhus,	1	0	2 to 5	10	
— puerperal,	1	0	5 to 10	6	
— scarlet,	0	1	10 to 15	1	
Gangrene of lungs,	1	0	15 to 20	1	
Gangrenous sore			20 to 30	8	
throat,	0	1	30 to 40	20	
Hæmorrhage,	1	0	40 to 50	12	
Inflammation of			50 to 60	3	
the brain,	0	4	60 to 70	5	
— bronchi,	1	1	70 to 80	2	
— lungs,	6	6	80 to 90	2	
— stomach,	1	0	90 to 100	1	
— bowels,	0	2			
			Total,	107	
Carried forward,	40	36			

In the above are included 6 people of colour, and 3 interments from the alms-house.

Weekly Report of Interments in the City and County of New York, from the 27th of March to the 3d of April, 1841.—Aneurism 1; Abscess 1; Bleeding from lungs 2; Burned or scalded 1; Cancer 2; Consumption 31; Convulsions 12; Croup or Hives 3; Delirium tremens 3; Dropsy in the head 8; Drowned 1; Erysipelas 2; Fever 2; do. scarlet 7; do. typhoid 2; do. puerperal 3; do. intermittent 1; indigestion 6; intemperance 1; inflammation 1; do. of throat 3; do. of brain 5; do. of liver 4; do. of chest 2; do. of lungs 18; do. of bowels 7; do. of stomach 1; Marasmus 6; Measles 6; Old age 4; Small Pox 3; Scrofula 1; Teething 1; Unknown 3.

Ages—Of 1 year and under, 29; between 1 and 2, 17; 2 and 5, 24; 5 and 10, 9; 10 and 20, 11; 20 and 30, 19; 30 and 40, 17; 40 and 50, 7; 50 and 60, 10; 60 and 70, 4; 70 and 80, 4; 80 and 90, 3.

34 men—34 women—43 boys—43 girls. Total, 154.

FOREIGN.

Case of severe injury of the Head. By E. J. FURNER, M. D.—Late in the evening of the 25th of last April, Mr. Lawrence was summoned by Mr. Camac, surgeon, of Seaford, to meet him in consultation upon a case of fractured skull. He arrived about twelve o'clock at night, myself and his son accompanying him, when we received the following account of the case:—The patient, William Coombs, sixteen years of age, in the employ of the Rev. James Carnegie, residing at Seaford, about six hours before our arrival had been thrown from a horse upon a hard road, and struck by the horse's feet on the left side of the head. He was taken up in a state of insensibility, and removed to his father's house, where Mr. Camac found him, perfectly insensible, with a very feeble pulse, and dilated pupils. Upon examining the head there was discovered an extensive laceration of the scalp, with fracture and depression of the temporal and parietal bones, to a very considerable extent, involving the squamous suture. Mr. Camac, after removing two small loose pieces of fractured bone, requested that Mr. Lawrence might be sent for, the case being one of extreme danger.

Mr. Lawrence, having enlarged the wound of the scalp, was enabled, by the aid of the elevator, to remove five pieces more of depressed bone, some of which, from being driven into the brain, had forced a considerable quantity of cerebral substance, leaving a cavity, into which the finger could be passed to the depth of an inch or more: during the operation the patient cried out lustily, but became more sensible after it was completed, and soon fell into a natural sleep. The wound was carefully dressed by Mr. Camac, who has favoured me with the

subsequent report of the case, and on whose skilful management the successful result must have greatly depended.

April 26th, nine o'clock. A. M.—The patient is insensible and complains of a pain in the head; reaction has taken place; pulse 100; skin hot; bowels have not been opened; eight leeches to be applied to the forehead: to take four grains of calomel directly, and an ounce of castor-oil after an hour, with a dose of mixture (containing a solution of Epsom salts) every four hours; cold lotion to be constantly applied to the head; low diet.

Five o'clock, P. M.—Bowels freely moved, with a slight improvement in all other symptoms.

27th.—Has passed a good night, and is decidedly better to-day: pain in the head partially relieved; pulse 96; skin cooler: the wound looking favourably: to have six leeches to the forehead, and continue the mixture and lotion as yesterday. The above treatment was continued with but slight alteration up to the 3d of May; the patient gradually improving.

May 3d.—The symptoms to-day have assumed a more unfavourable character, from the lad not being kept sufficiently quiet. He complains of darting pains in the head; skin hot and dry; pulse 100; the bowels open, with a healthy discharge from the wound. To be bled in the arm to six ounces; to take four grains of calomel directly; and continue the mixture, with the addition of fifteen minims of antimonial wine to each dose every four hours. The head to be shaved, and the cold lotion applied.

4th.—Passed a good night, and all the symptoms decidedly relieved; bowels freely moved; pain in the head much abated; pulse 94, and soft; skin more comfortable: a small blister to be applied to the nape of the neck, and continue the mixture every six hours.—From this time he continued to improve: the wound was daily dressed with spermaceti ointment; the hair being kept closely cut. The granulations rapidly formed, and after a few weeks dressings were discontinued for straps of adhesive plaster, and the occasional application of the nitrate of silver, the cold lotion being continued. The pain in the head having subsided, and the appetite returned to its natural standard, a more generous diet was allowed, with the moderate use of exercise in the open air.

November.—The wound has been for several weeks healed, but he wears, as a protection to the part, a plaster composed of equal parts of adhesive and soap plaster, and is directed to take an occasional aperient, avoiding all stimulating diet. His health and strength are perfectly restored, and his intellect not at all impaired.—*Lon. Med. Gaz.*

Case of dislocation of the Tibia inwards, with the astragalus, and fracture of the Fibula. By R. G.

COOMBE, M. D.—Robert Middleditch, æt. 24, on December the 5th, fell off the vat in the brewery of Messrs. Combe, Delafield, and Co., a height of sixty feet. His fall was unbroken, and he cannot describe the manner in which he alighted, as regards the position of the injured foot. Almost immediately after the accident he was conveyed to the Charing Cross Hospital, and notwithstanding the very short space of time that had elapsed from the receipt of the injury, the swelling which had supervened was very considerable. The nature of the accident was, however, easily discernible. There was a remarkable projection at the inner side of the ankle-joint, evidently caused by the dislocation of the tibia and the astragalus, with the lower fragments of the fibula attached to them; all the bones holding their relative position to each other, as was evidenced by the ability to perform flexion and extension of the foot with tolerable ease. A corresponding depression upon the opposite side of the foot existed, and about three inches above this point the fibula was fractured. The inner side of the foot was slightly inclined towards the ground, and the sole turned upwards and outwards to the same extent.

Immediately upon the patient being brought into the hospital several persevering attempts were made by Mr. Hancock to reduce the dislocation in the usual way, due attention being paid to the relaxation of the great muscles of the calf, without success. The limb was then placed in a comfortable position, a few leeches being applied, which were followed by cold lotions; and as the patient was accustomed to drink large quantities of beer, a pint of it was ordered him daily.

Nothing further was attempted up to Dec. 10th, on which day, the patient's system having been previously well relaxed by repeated doses of tartar emetic, another futile attempt was made by Mr. Hancock, assisted by Mr. Guthrie, to reduce it with the pulleys.

This attempt was only continued for a little more than a quarter of an hour, for as the extending power was being made equally from the dorsum of the foot, and from a little above the os calcis, it was thought that the cavity from which the astragalus was removed being situated between these two points, would thus be compressed, and the return of the astragalus into it be prevented. To remedy this it was determined to have a strap so constructed as, by having more purchase upon the os calcis, to allow extension to be made principally from that point. This was accordingly done, and on the following day the pulleys were again applied by Mr. Hancock and Mr. Guthrie, and gradually increased extension having been steadily maintained for upwards of an hour, the dislocation was reduced. Sloughing of the integuments over the inner ankle subsequently took place, exposing that apophysis. This case I believe to be the only one of a similar nature

on record. I have in vain searched numerous surgical works, and have made inquiries of many professional men of considerable experience, with a view of ascertaining the existence of a parallel one. It seems to me to be very difficult indeed to give any explanation, in an anatomical point of view, how such an accident could occur, when we consider the great depth of the articulation between the astragalus and the scaphoid bones; the great number, strength and elasticity of the ligaments connecting the bones engaged in this dislocation; and the very beautiful and excellent provision against separation of the bones of the foot from each other, derived from the arch which these bones collectively form. It is true it may be said that the very great violence which would be applied by a fall from so great a height as sixty feet, aided perhaps by some particular position of the foot as the patient came in contact with the ground, might rupture all the ligaments connecting the tibia, the fibula, and the astragalus, to the os calcis and the scaphoid bones: but if this were the case, would not the reduction have been comparatively easy to the great difficulty that seems to have been experienced?—*Ibid.*

Cases of Popliteal Aneurism.

Case I.—Henry Williams, aged thirty-six, a weaver, was admitted on the 20th of May, 1830, on the recommendation of Mr. Cunningham, of Kirkcaldy, to have the femoral artery tied for popliteal aneurism. The tumour occupied the hollow of the ham—it was circumscribed in form—and, from the distinctness of its pulsation, seemed to contain little coagulum. The patient's attention had been first directed to the complaint about two months before, by an uneasy feeling of stiffness in the part, after a particularly severe day's work.

He was confined to bed, and ordered a laxative to prepare him for the operation. Next day, the pulsation had become extremely obscure, and though it slightly returned the following day, at the end of two days more it could not be perceived at all. The articular arteries were then felt much enlarged, and the tumour quickly diminished in size, while it increased in firmness, until merely a small knot the size of an olive remained. He was dismissed at his own desire on the 31st of May.

Case II.—William Sinclair, aged twenty-six, was admitted on the 20th of November, 1839, on account of a pulsating tumour in the popliteal space of his left leg. It was about the size of an egg, and distinctly circumscribed. The patient stated that he had first remarked the swelling and beating in the month of August, while serving as carpenter on board a whale-ship in the North Seas.

The femoral artery was tied on the 3d of December. The ligature separated on the 28th, and the patient was dismissed quite well on the 9th of January.

Case III.—John Lockie, aged twenty-nine, a shopkeeper in Edinburgh, was admitted on the 17th of April, 1840, on account of a large pulsating tumour occupying the ham and calf of the right leg. There was considerable œdematous swelling of the limb from the knee downwards, and over the shin-bone there were some dark-coloured spots, which had been produced by the pressure of a carefully applied flannel bandage, thus denoting a great degree of weakness in the part. The patient stated, that, about a month before admission, while walking down to Leith, he had strained the knee, and, in consequence, almost immediately afterwards perceived a beating tumour in the ham.

The artery was tied on the 30th of April, and though no unpleasant symptom followed, the swelling was slow in undergoing absorption; so that when he was dismissed, on the 3d of June, there still remained some enlargement of the limb. He nevertheless was able to resume his employment, and perform a full share of active duty; but about a fortnight ago observed a swelling in the calf of the leg, which has since opened spontaneously, and discharged a large quantity of matter, mixed with coagulated blood,—no doubt the remains of the extensive effusion which existed previously to the ligature of the vessel.

The first of these cases is curious, from the spontaneous cure occurring while the aneurism was still small and circumscribed, and the circumstances consequently unfavourable for coagulation. The second case was very similar to it, and I delayed the operation for a fortnight, to afford the chance of recovery without its performance, which might be derived from perfect rest and the pressure of a bandage. The third case seemed rather unfavourable, from the large size and sudden extension of the swelling; and the recovery was accordingly much slower than usual, though ultimately effected. It has been a question, whether an early or advanced stage of the disease is more favourable for success,—the undilated state of the anastomosing vessels being considered adverse in the former, and the quantity of extravasated blood an obstacle in the latter. From all that has fallen within my own observation, I should have no hesitation in preferring to operate at an early period, having never witnessed in my own practice the slightest unpleasant symptom of defective circulation, however small and recent the tumour might be.

Of all the operations performed for aneurism, ligature of the femoral artery is, I believe, justly regarded the easiest, either on the dead subject or on the living body, and yet the bad consequences which attend it are distinguished by their severity as well as frequency. For my own part I have been fortunate, having tied the vessel seven times for aneurism with success. But within the period of doing so, I am not aware of any case that has terminated favourably in this city, while I have either seen

or heard of four that ended badly, viz. one by inflammation of the vein, one by mortification, one by hæmorrhage, and one by amputation. It is usual to attribute untoward occurrences to some peculiarity in the constitution of the part or patient; and there can be little doubt that varieties of this kind may have some influence over the result. But I feel quite sure that attention to some minute points in performing the operation has a much larger share in determining whether it shall be favourable or unfavourable.

It is established that the great sources of danger from the ligature of large arteries, are, undue laceration and separation of the connections of the vessel, whence hæmorrhage is apt to ensue; and injury to the coats of the veins, which is apt to occasion inflammation, and an obstructing coagulation, causing mortification of the limb. The subclavian artery, when tied at the external edge of the *scalenus*, lies at some distance from the vein, and neither the carotid nor the external iliac artery adheres so intimately to its accompanying venous trunk as to render it at all difficult or dangerous to pass the needle. But the femoral artery has a closer connection with the vein, and though it is felt by the operator's finger, after the fascia has been opened, round and distinct, and as if insulated from the surrounding parts, except by the loosest connections, any attempt to pass the ligature, without further dissection, either proves abortive, or if executed by force, exposes the patient to the greatest danger. I have seen a gush of dark-coloured blood proclaim transfixion of the vein; I have seen on dissection a portion of this vessel included in the ligature; and I have also seen the external coat alone grazed, as it were, by the needle, but nevertheless excited to fatal inflammation. If, on the other hand, this danger be avoided by using blunt instruments, or the finger, to detach the artery from its connections, the patient is exposed to the hardly less disastrous consequence of hæmorrhage, through ulceration or sloughing of the vessel.

To tie the femoral artery safely, the surgeon should be impressed with the conviction that the operation is one not of difficulty, but of great nicety. He should make an incision between two and a half and three inches long in the proper situation, cut through the fascia to a smaller extent, and expose the sheath of the vessels. So far he can hardly go wrong; but then, instead of hastening to pass his needle, he should, by ligature, or the temporary application of forceps, close every little vessel that discharges enough of blood to obscure distinct vision of the object he has in view. Let him now seize the sheath with dissecting forceps, and gently raising it, make a small opening by means of a straight, narrow, sharp-pointed knife. The cellular and fatty substances which envelope the vessels in variable quantity are next to be elevated and divided in successive portions, until the external coat of the ar-

tery appears quite distinct and *white*, when the needle may be passed without the slightest difficulty or danger. I am quite aware that instructions to the same effect are contained in the common books of surgery; but believing, for the reasons above cited, that sufficient attention in practice is not bestowed on the point concerned, I think it right thus seriously, and diffusively as it may seem, to repeat and enforce these directions.—*Ibid.*, from Prof. Syme, in the *Edinburgh Monthly Journal of Medical Science*.

Case of fatal Hæmorrhage in an Infant. By DR. EVERT.—The patient was of the male sex, and eight days old; its mother had been cured of the venereal disease two years before. The child was weak when born, and its arms and legs were affected with a spotty eruption. On the 15th of April, Dr. Evert remarked a small aperture on the under lip, from which blood trickled forth. On the following day, there was very considerable hæmorrhage from the same lip, the navel, and the scrotum. On the 18th, the bleeding from the lip returned. The blood then exuded through the skin, just like the lymph which exudes when the skin is superficially abraded, and it collected in drops upon it. The child died on the 20th.—*London Med. Gaz.*, from *Zeitschrift für die gesammte Medicin*, from a Swedish work.

NEW REMEDIES.

Paullinia.—Dr. Gavrelle, who passed many years in the Brazils, became acquainted there with a remedy called *Paullinia*, which, when powdered and mixed with the chocolate nut, is used as a ptisan against diarrhœa and dysentery, and, generally, as a tonic. It is the fruit of a shrub of the same name (*Paullinia sorbilis*), and of the colour of the chocolate nut; it has a peculiar smell, and a bitter taste, resembling that of rhatany. The seeds are taken out of the capsule, dried in the sun, and powdered. They contain gum, starch, a resinous matter of a brownish red colour, an oil, tannin, and a crystallizable substance with the chemical properties of caffeine. Dr. Gavrelle has used the remedy in France also, with advantage, in the diarrhœa of the phthisical, chlorosis, paralysis, migraine, long convalescence, &c. The most suitable preparation is the alcoholic extract made into lozenges, syrup, pills, powders, tincture, and ointment.

Pitch against Piles.—Dr. Wardleworth assures us that he has used this remedy with advantage in many cases, both of external and internal piles. His usual formula consists in ordering 3½ grains of pitch to be made into pills, two of which are to be taken every evening. The well known efficacy of balsamic remedies in piles may perhaps serve to recommend these pitch-pills.—*Ibid.* from *Zeitschrift für die gesammte Medicin*.

METEOROLOGICAL REGISTER FOR MARCH, 1841.

Kept at the Pennsylvania Hospital, by J. Conrad.

Date.	Thermometer.			Barometer.		Dew Point	Winds.		Rain.	REMARKS.
	Max.	Min.	9 A.M.	10 A.M.	3 P.M.		Direction.	Force		
1	55	32	42	29.94	29.92	31	SW.W.	1		Morning partly clear; afternoon clear.
2	56	33	44	30.04	30.00	30	NE.	0		Fair, but hazy.
3	51	36	40	29.88	29.83	32	NE.	1		Clear from 10 A.M.
4	44	32	37	30.10	30.10	13	N.NW.	1		Clear.
5	32	22	24	30.49	30.44	1	NE.	1		Clear; cloudy from 4 P.M.
6	46	26	27	30.16	29.82	34	NE.	4	1.904	*Storm; snow all morn; rain in aft'n and ev'g.
7	49	35	41	29.61	29.58	33	W.NE.	2	.288	Morning clear; rain from 3½ P.M. all evening.
8	43	34	40	29.79	29.85	26	NW.	3		Cloudy; snow squall at 9 A.M.
9	43	34	37	30.25	30.28	21	NW.	3		Morning clear; aft'n and ev'g partly clear.
10	37	32	36	30.21	30.09	31	NE.	3	.500	Snow all day from 7½ A.M.
11	42	32	36	30.14	30.16	23	NW.	1		Clear.
12	35	27	32	30.30	30.12	27	NE.E.	2-4	1.210	Morn cloudy; sleet in aft; rain in eve'g, blowing a gale.
13	45	33	38	29.44	29.45	30	WSW.	3		Morning partly clear; cloudy from 3 P.M.
14	46	28	39	29.87	29.85	21	NW.	2-5	.025	† Morn partly clear; aft. cloudy; rain & snow at dusk; gale in evg
15	35	22	26	30.27	30.20	14	NW.SE.	0		Morning clear; afternoon cloudy; snow at 10 P.M.
16	32	24	31	30.05	30.13	22	NE.	4	.500	Snow till 5 P.M.; therm'r, at 2 P.M., 26°.
17	31	21	27	30.37	30.32	10	NE.	4		Cloudy; 5 or 6 inches of snow on the ground.
18	41	28	33	30.03	29.96	23	NE.	2	.696	Sleet from 6½ A.M.; rain in aft'n till 7 P.M.
19	56	36	45	30.14	30.13	22	NW.SW.	1		Clear.
20	68	35	45	30.11	30.04	35	SW.	1		Fair but hazy; even'g cloudy, with sprinkling of rain.
21	58	41	52	30.20	30.18	24	NW.	2		Clear.
22	53	34	40	30.36	30.24	30	NE.SE.	2		Morn fair, but hazy; aft cl'dy.
23	63	40	59	29.82	29.67	46	S.NW.	3	.327	Morn cloudy; rain from 1½ till 5½ P.M.; evg clear and calm.
24	59	34	46	30.02	30.00	37	SW.	1		Cloudless.
25	65	38	51	30.18	30.12	37	SW.	2		Clear.
26	70	41	55	30.13	30.04	44	SW.	2		Fair, hazy.
27	72	49	59	30.02	29.97	52	SW.	1		Fair, hazy.
28	71	51	59	29.88	29.88	48	NE.	1		Partly clear; hazy; rain in eve.
29	48	41	43	29.92	29.67	40	ENE.	2	.370	Light rain.
30	45	34	45	29.89	30.00	28	N.NE.	2		Cloudy.
31	49	26	34	30.36	30.23	26	NE.SW.	2		Clear; evening cloudy.
Mean	49.67	33.26	40.74	30.06	30.00	28.66			5.821	

Mean temperature,

41.22°

" pressure,

30.04 inches.

" dew-point,

28.66°

Clear days,

- 15

Clouds, rain, snow, &c.

- 16

Winds—W. to S. 8 days; S. to E. 3 days; E. to N. 12 days; N. to W. 8 days.

* Barometer fell to 29.27 at 10 P. M.; the maximum of thermometer occurred in evening.

† Aurora.